

Additional file 2: THE ARCHITECTURE OF COMMUNITY PARTICIPATION FOR MALARIA AND OTHER COMMUNICABLE DISEASE CONTROL AND ELIMINATION																		
INFLUENCES ACTING AT EACH LEVEL OF PARTICIPATION	INTERVENTIONS																	
	MALARIA CONTROL							MALARIA ELIMINATION (Phase I - Getting to Zero)								MALARIA ELIMINATION (Phase II - 'Holding the Line')		
	Personal protection (LLINs, repellants)	Indoor Residual Spraying (IRS)	Diagnosis & treatment (PCD & ACD/MBS where applicable)	Chemoprophylaxis (MDA, IPTi)	Surveillance (parasite and/or vector)	Larviciding and source reduction	Community participation in other disease control & health development programs	Long-lasting Insecticide treated bed nets (LLINs)	Indoor Residual Spraying (IRS)	Diagnosis & treatment of presenting cases (PCD)	Active Case Detection (ACD) (& case investigation)	Chemo-prophylaxis (MDA, IPTi)	Surveillance (parasite and/or vector)	Larviciding & source reduction / adult mosquito eradication	Lessons from other disease elimination programs	Surveillance (parasite and/or vector)	Maintain interventions (vector control, personal protection, diagnosis / treatment)	Lessons from other disease elimination maintenance programs
INDIVIDUAL																		
Knowledge and perceptions of disease, its causality, prevention & treatment	[1] [2]		[3] [4] [5] [6] [7] [8] [9]	[10] [11]	[5]	[5] [12] [13] [14] [9]	[15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41]	[42]	[43]			[42]			[44] [45] [46] [47] [48] [49]	[43]	[42]	[48] [47]
Vulnerability versus resilience (self efficacy, empowerment and mitigation of risk)	[1] [7] [2]		[4] [50] [5] [6] [11] [9]		[5]	[5] [12] [9]	[16] [17] [19] [21] [23] [51] [25] [26] [29] [52] [30] [32] [35] [36] [38] [40] [41]											
Stigma							[18] [21] [23] [30] [38]							[53]	[46] [47] [49]			
Acceptability of interventions or program	[1] [7] [2]		[54] [3] [5] [54] [3]	[11]	[5]	[5] [12] [13]	[15] [16] [18] [19] [55] [56] [20] [21] [57] [24] [51] [27] [28] [29] [30] [35] [36] [37] [58] [38] [40]		[43]			[42]		[53]	[45] [47] [48] [49]			
Incentive	[1] [2]		[54] [4] [50] [5] [6] [11] [7] [8]		[5]	[5] [12] [13] [14]	[15] [17] [18] [19] [55] [56] [57] [23] [24] [51] [25] [26] [27] [28] [31] [32] [33] [35] [36] [37] [58] [40]			[43]				[53]	[44] [46] [47] [48] [49]	[43]	[42]	[48] [47]
HOUSEHOLD																		
Gender roles and power relationships	[1] [7]		[54] [5] [6] [11]	[10] [11]	[5]		[19] [56] [21] [51] [35]									[45]		
Consideration of cultural norms & social mechanisms	[1] [2]		[4] [50] [5] [6] [7]		[5]	[12] [13]	[19] [56] [22] [57] [23] [24] [51] [26] [27] [29] [52] [30] [31] [35] [40] [41]									[45] [44] [49]		
Access (encompassing availability, accessibility, affordability & adequacy)	[1] [59] [7] [2]		[3] [54] [4] [50] [5] [6] [11] [59] [8]	[10] [59]		[12] [13] [14]	[16] [17] [18] [19] [21] [57] [23] [24] [51] [27] [28] [29] [30] [33] [34] [35] [36] [37] [38] [58] [39] [40] [41]			[43]					[44] [46] [47] [48] [45] [49]		[42]	
Urban versus rural implementation	[1]		[54]	[10]			[16] [17] [26]											
COMMUNITY																		
Community characteristics (i.e. heterogeneous / divisions or socially cohesive)	[1] [59] [7] [2]		[60] [50] [5] [6] [59]	[10] [59]	[5]	[5] [12]	[15] [16] [17] [19] [55] [56] [20] [22] [23] [26] [31] [33] [36]								[44] [49]	[43]		[44]

Disease epidemiology and complexity of intervention.	[4] [7]		[3] [54] [50]	[10]		[5] [12] [13]	[18] [24] [28] [29] [30] [31] [34] [36] [37] [41]		[43]			[42]		[53]	[44] [46]	[42]		
Processes by which communities are engaged / empowered to participate.	[4] [7] [2]		[3] [54] [4] [50] [5] [6] [11] [7] [8]	[10]	[5]	[5] [12]	[15] [16] [17] [18] [19] [55] [56] [21] [22] [57] [23] [24] [51] [25] [26] [28] [29] [52] [30] [32] [35] [36] [37] [39] [20]				[43]		[43]		[44] [45]	[43] [43]		
Congruence of external targets and local priorities.			[54] [4] [5] [11] [7] [9]	[10]	[5]	[5] [12] [13] [9]	[15] [17] [56] [20] [22] [23] [24] [51] [25] [26] [27] [28] [29] [32] [33] [35] [36] [39] [40]	[42]				[42]			[44] [46] [49]	[42] [43]	[42]	[44]

GOVERNMENT AND CIVIL SOCIETY

Political environment of program	[59]	[59]	[60] [59]	[59]		[14]	[55] [33]		[43]	[43]	[43]		[43]	[53]	[44]	[43] [43]		
Government advocacy & support	[2]		[3] [60] [4] [50] [5] [11]	[10]	[5]	[5]	[16] [17] [18] [19] [56] [21] [22] [23] [24] [51] [26] [33] [36] [37]		[43]	[43]	[43]	[42]			[44] [46] [47] [48]	[43] [43]	[42]	[44]
Decentralisation of power and resources to the local level and identification / use of community assets.	[4] [59] [2]	[59]	[3] [54] [4] [50] [5] [6] [11] [59] [7] [8] [9]	[10] [59]	[5]	[5] [12] [13] [14] [9]	[15] [16] [17] [18] [19] [56] [20] [21] [22] [57] [23] [24] [51] [25] [26] [27] [28] [29] [30] [31] [33] [34] [35] [36] [37] [58] [38] [39] [40] [41]		[43]		[43]	[42]	[42]	[42]	[44] [46] [47] [48] [49]	[43] [42] [43]	[42]	
Health authority commitment to Primary Health Care.	[7]		[3] [60] [54] [4] [5] [11] [59] [8]	[10] [59]		[12] [13]	[16] [17] [18] [56] [20] [22] [57] [24] [51] [27] [28] [33] [35]			[43]		[42]		[53]	[44] [46]	[42] [43]	[42]	[44]
Multisectoral collaboration and / or integration of program in broader development goals.	[59] [7]	[59]	[3] [4] [5] [6] [11] [59] [9]	[10] [59]	[5]	[5] [12] [13] [14] [9]	[15] [17] [18] [20] [21] [22] [23] [24] [51] [25] [26] [27] [28] [29] [52] [30] [31] [34] [35] [37] [39] [40]			[43]				[53]	[44] [46] [48] [49]			
Financial and Human Resources (with adequate training & supervision).	[59] [2]	[59]	[60] [54] [4] [50] [5] [6] [11] [7] [59] [8] [9]	[10] [59]	[5]	[5] [14]	[15] [16] [17] [18] [19] [56] [20] [21] [22] [57] [24] [51] [26] [27] [28] [29] [52] [31] [33] [34] [35] [36] [37] [58] [38] [39] [40] [41]		[43]	[43]	[43]	[42]	[43]	[53]	[44] [46] [47] [48] [49]	[43] [42] [43]	[42]	
Techno-financial support and implementation style of locally embedded development agencies			[4] [5]		[5]	[5]	[17] [56] [21] [57] [23] [33] [58] [40]							[53]	[46] [48]			

Colour code:

Period 1
(pre 1950s - 1978)

Period 2 (1978 - 1982)

Period 3 (1982 - 2000)

Period 4 (2000 -)

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